

### APPLICATION

Please return application with a letter of recommendation from an adult (other than a parent) and an authorization note from parent(s) or guardian. Campers will be selected from applications postmarked by **Monday, May 22**, and un-filled spaces will be filled on a first-come basis. Range Camp will begin on **Sunday, June 18 at 11:00 am** and end on **Saturday, June 24 at 8:00 am**.

I, \_\_\_\_\_, being \_\_\_\_\_ years of age, submit this application to represent \_\_\_\_\_ County as a delegate to the Nevada Youth Range Camp. If selected, I promise to observe the camp requirements and pay a fee of \$100 payable to Nevada SRM (Society for Range Management). If a sponsor pays my camp fee, I agree to relate my experience to the sponsor or sponsoring group. It is my desire to do my best to promote Conservation & Multiple Use of Natural Resources. I understand that I may be photographed participating in camp activities and give permission for photos to be published to promote Range Camp.

NAME: \_\_\_\_\_ PARENT'S PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ LOCATION: \_\_\_\_\_

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### AUTHORIZATION OF PARENT OR GUARDIAN

I, being the parent or legal guardian of \_\_\_\_\_ certify that he/she is \_\_\_\_\_ years of age and grant my permission for him/her to participate in the 2006 Nevada Youth Range Camp. I will not hold the sponsoring organizations or their representatives responsible in the case of an accident. I also realize that I am responsible for my child's transportation to and from camp. In the event of an emergency I can be reached at: (phone No.) \_\_\_\_\_ or \_\_\_\_\_. If I can't be reached, I grant the appropriate authorities at Nevada Youth Range Camp to authorize medical treatment in a timely manner.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)

PLEASE MAKE CHECKS PAYABLE TO: Nevada SRM (Society for Range Management)

Please mail completed form and checks to: James Potts

SRM NV Youth Range Camp

c/o USDA NRCS

PO Box 8

Caliente, NV 89008

775-726-3101

*HEALTH FORM ON REVERSE SIDE MUST BE COMPLETED AND ACCOMPANY APPLICATION, LETTER OF RECOMMENDATION, AND AUTHORIZATION OF PARENT OR GUARDIAN.*